

ENVIRONMENTAL TOBACCO SMOKE: A GUIDE TO WORKPLACE SMOKING POLICIES
COMMENT SUMMARY

Comment #	Commenter	Summary	Issue #
001	Non-Smoker's Rights Assn.- Garfield Mahood, Executive Director	Agreed with arguments for the Group A carcinogen rating. Tobacco industry deception must be exposed. Attached document, a critique of the article, "Environmental Tobacco Smoke: A Review of the Literature", provides evidence of alleged deception.	3, 4, 10 8, 9, 9a 16
002	John Osborn	EPA's preference for prohibition of indoor smoking and espousal of separately ventilated rooms as the only acceptable alternative should be emphasized. Both documents submitted were excellent.	3, 5a, 11a
003	John Myers	EPA used statistically cooked numbers to inaccurately determine that 3800 people died from second-hand smoke last year. ETS is not a substantive issue. Indoor smoking regulations would disrupt the lives of many Americans. EPA should concentrate on issues with more substance.	2, 6, 10
004	Public Information Center- Kevin Roseel, Director	PIC no longer carries EPA's, "Indoor Air Facts #3: Ventilation and Air Quality in Offices"; this document should not be advertised in the final draft.	16
005	N. Dakota Dept. of Health & Consolidated Laboratories- Robert M. Wentz, M.D., State Health Officer; Steven L. McDonough, M.D., Chief, Preventive Health Section	EPA should be more forceful in its espousal of smoke-free indoor environments; separately ventilated rooms should be listed as a less desirable alternative, and cost information should be provided. Concur with Group A carcinogen rating, recommendations for smoking cessation programs, and suggestions for employee and labor union involvement.	5a, 10, 11a, 13a, 14
006	The Tobacco Institute- Samuel D. Chilcote, Jr.	Comment period should be extended until October 30, 1990 due to the complexity of the issues.	16
007	Marita Schnerderuw	Draft needs rigorous editing by scientific editor. Black/white differences in lung cancer rates need to be addressed. Chapter 6 could be shortened. Marked up document enclosed.	9, 12
008	Smoke-Free Europe- John L. Roberts, Ph.D., Regional Programme Manager for Tobacco or Health	Document will aid the development of public health measures. Information on legal position in U.S. and case studies of U.S. companies very helpful.	12, 13
009	U.S. State Dept.- Office of Medical Services- Frank V. Keary, M.D., Asst. Medical Director for Domestic Programs; Judith Berman-Nierenberg, Health Education Specialist	Complete ban on indoor smoking is most effective method to reduce ETS. EPA recommendations need to be strengthened. Ban would push smokers to quit. Specific editorial comments included.	5a, 13a
010	Larry Kraft, Professor of Law, University of N. Dakota	The tobacco industry is a dangerous economic power that will use a variety of tactics to rebut information in EPA's document. Conclusions in Guide tend to significantly underestimate seriousness of hazard. Commentor's own article from the	4, 10, 12

2026126469

ENVIRONMENTAL TOBACCO SMOKE: A GUIDE TO WORKPLACE SMOKING POLICIES
COMMENT SUMMARY

Comment #	Commenter	Summary	Issue #
	School of Law	ND Law Review entitled, "Smoking in Public Places: Living with a Dying Custom" addresses legal issues related to ETS exposure.	
011	NJ Dept. of Health- Commission on Smoking OR Health- John Slade, M.D., FACP, Chair	Chapter 5 must emphasize that smoke-free buildings and separately ventilated smoking rooms are only options offering true health protection. Chapter 7 should stress that the need to offer treatment for nicotine dependence is ongoing need, extending well beyond implementation phase. Nicotine addiction treatment services should be offered to employee's immediate families. Chapter 14's paragraph on absenteeism misleading because does not account for confounding factors which contribute to absenteeism (i.e. alcoholism, drug problems etc. more common among people who smoke and these conditions also contribute to absenteeism). Risk Assessment should address coronary artery disease. Enclosed report examines one facility's success in becoming tobacco-free. Comments shaped by perspectives drawn from experience in addiction medicine (Commentor's specialty). Two articles concerning addiction medicine entitled, "Tobacco Dependence in Treating Alcoholism" and, "Beneficial Effects of Treatment of Nicotine Dependence During an Inpatient Substance Abuse Treatment Program" are included.	5a, 8, 10 11a, 13a, 13b 14, 16
012	Fred Clark	If possible, document should include a statement which would mandate GSA to develop a nonsmoking policy for multiagency buildings. Enclosed newspaper articles address enforcement of non-smoking policies.	2, 12, 13c
013	Fresh Air for Nonsmokers- Robert A. Fox, President	Complete ban on indoor smoking or separate ventilation system are only allowable options. Disagrees with some of the options in Chapter 5 regarding ventilation. Providing a room for smokers without providing one for other bad habits constitutes discrimination. Document should be issued ASAP.	1a, 3a, 5a, 11a, 12, 13a
014	American Society of Addiction Medicine- James F. Callahan, D.P.A., Executive Director	Chapter 5 must emphasize that smoke-free buildings and separately ventilated smoking rooms are only options offering true health protection. Chapter 7 should stress that the need to offer treatment for nicotine dependence is ongoing need, extending well beyond implementation phase. Nicotine addiction treatment services should be offered to employee's immediate families. Chapter 14's paragraph on absenteeism misleading because does not account for confounding factors which contribute to absenteeism (i.e. alcoholism, drug problems, etc. more common among people who smoke and these conditions also contribute to absenteeism). Enclosed report examines one facility's success in becoming tobacco-free.	5a, 11a, 13a, 13b, 14,
015	Stanton A. Glantz, Ph.D., Professor of Medicine, UCSF School of Medicine	Document needs revisions, as suggested in comment, concerning information on heart disease, annual death rates, air cleaning, policies in health-care facilities, and additional resources. Enclosed report entitled, "Passive Smoking and Heart Disease: Epidemiology, Physiology, and Biochemistry" concerns smoking and heart disease.	10, 11b, 13b, 16
016	NH Retail Grocers Assn.- John M. Dumais, President and CEO	EPA should not inflict unnecessary regulations until all the facts are in. Specially designed ventilation rooms are very costly. ETS not a significant contributor to indoor air quality problems. EPA should consider both smokers' and nonsmokers' rights.	1a, 2, 3, 6, 11a, 14

2026126470

**ENVIRONMENTAL TOBACCO SMOKE: A GUIDE TO WORKPLACE SMOKING POLICIES
COMMENT SUMMARY**

Comment #	Commenter	Summary	Issue #
017	Natl. Chamber Foundation- Richard D. Orr, Vice President	Risk Assessment and Guide should not have been published in advance of formal scientific review; publication of documents was premature. Specific concerns regard fact that EPA relied on secondhand studies, several of which were conducted outside the U.S. No statistically significant evidence of adverse effects of ETS exposure.	1a, 8
018	Seyfarth, Shaw Fairweather & Geraldson- Lawrence P. Postol	A cigarette smoker is officially "disabled" due to his nicotine addiction. Restrictions of the Americans with Disability Act could be interpreted to allow smoking at work; final report should address this point.	12a
019	U. of Texas Health Science Center- John A. Thomas, Ph.D., Professor of Pharmacology and Toxicology	It would be appropriate to distinguish between Group A and Group B carcinogen. Other specific comments address: Ear infection in children; smoking cessation programs; child's exposure to ETS at home; dose of ETS; heart disease; asthmatics; Risk Assessment; use of cigarette equivalents to measure ETS; chart on page 20 of Guide; cost implications of EPA recommendations; comparisons between tobacco and health, as well as alcohol and health, with respect to insurance costs; and public vs. private schools with respect to smoking policies.	5a, 5b, 6, 8, 9, 10, 11a, 13, 14, 16
020	Krankenhaus Grosshansdorf- Dr. H. Magnussen	ETS does not adversely effect asthmatics. Enclosed report entitled, "Acute Effect of Passive Smoking on Lung Function and Airway Responsiveness in Asthmatic Children" supports this claim.	9b
021	Leland Fairbanks, M.D.	IHS leaders have considered no-smoking policies since the early 1970's; EPA's document should clarify this point. Substitute paragraph for, "The Policy Development Process" included.	13c
022	The Meckler Group- Milton Meckler, P.E., President	Worried about high levels of ETS associated particulate concentration levels. When reporting ETS levels, EPA should consider the type of air distribution system used in the building (see enclosed document). EPA should also examine mitigation strategies that reduce respirable solid particle (RSP) and trace organics' levels. Regarding gas phase ETS, there is no mention of mitigation strategies using air cleaning devices. Article enclosed entitled, "Advances in HVAC Design".	3, 8, 11a, 11b
023	Get Rid of 2nd Hand Smoke (GROSS)- Rob Perry, CC.	EPA should consider enclosed suggestions concerning the definition of ETS, health effects, risk assessment, litigation examples, and recommendations to reduce exposure. Lawsuits by smokers and nonsmokers need to be clarified. Separate rooms are not always the answer. Attached examples of legislative enactments.	5a, 7, 9a, 11a, 12, 14
024	NJ Group Against Smoking Pollution (GASP)- Regina Carlson, Executive Director	EPA's preference for prohibition of indoor smoking and espousal of separately ventilated rooms as only acceptable alternative should be emphasized. Draft is technically accurate but poorly written. Needs more positive vocabulary. Encourage non-smoking and clean air. Marked up document enclosed. American Lung Association's report entitled, "On the Air: A Guide to Creating A Smoke-Free Workplace" also included.	5a, 11a, 16

2026126471

ENVIRONMENTAL TOBACCO SMOKE: A GUIDE TO WORKPLACE SMOKING POLICIES
COMMENT SUMMARY

Comment #	Commenter	Summary	Issue #
025	Cigarette Technology Corp.- Jose A. Lambelot	ETS reduction can be achieved through the creation of a low ETS cigarette. Suggest promoting the "fire safe" cigarette, which also decreases ETS. Simple process to create cigarettes with lower ETS. Refers to RJR and Phillip Morris and their efforts to reduce sidestream smoke.	11c
026	Farmers Insurance Group- Jim Tallas	EPA's recommendations, i.e. smoking prohibition or separately ventilated rooms, are not feasible in business environment due to financial outlay necessary. These policies would decrease worker productivity and morale. Studies performed in residential settings and do not necessarily apply to businesses. Guide does not offer other options to accommodate both smokers and nonsmokers. Studies performed in buildings indicate that inadequate ventilation, not ETS, is true source of indoor air quality problems.	2, 5a, 8, 11a, 14
027	William E. Alli	Editorial revisions should be made according to the enclosed suggestions. One version of document should be compact enough to carry in small brief case (suggested size of document: 100 mm by 175 mm). Outer corners of Guide should be rounded. Additional tables and graphs would make Guide more illustrative and increase its effectiveness. Attached table showing concentration of mainstream and sidestream smoke in different kinds of cigarettes.	7, 16
028	George Morgenweck	A smoke free environment in school will increase student's learning ability. Cost savings from smoke-free building. Smoke free buildings take less energy to maintain; thus, cost savings realized.	9a, 13d, 14
029	Dept. of Health, Gloucester County, NJ. Jennifer Austin, M.S., Health Educator	EPA's recommendation for smoking cessation programs in the workplace very helpful. Commentor's office can now refer people looking for information concerning tobacco detoxification programs and insurance reimbursement for smoking cessation programs to Guide. Concept of smoker's right to smoke should be replaced with everyone's right to breathe.	6, 13a
030	Gordon Jensen, Acting Deputy Director, Phoenix Area IHS	IHS leaders have considered no-smoking policies since the early 1970's; EPA's document should clarify this point. Case study concerning IHS' smoking prohibition contains some faulty information.	13c
031	United Air Specialists, Inc.- Joseph E. Topmiller, P.E., Product Manager	EPA needs to revise some of its information on air cleaning. Report enclosed addresses air cleaning methods in adjacent smoking and nonsmoking areas. Refers to chapter on solutions and provides R & D report on effectiveness of good airflow design and air cleaners.	11a, 11b
032	American College of Chest Physicians- Edward C. Rosenow, III, M.D., President	Must classify ETS as a Class A carcinogen. ETS most likely causes lung cancer as commenter has experienced. Appreciates that the studies are well-done and the people are objective. EPA must pursue goals of smoke-free environments in public and private workplaces. Ventilation systems are too expensive.	5a, 10, 11a
033	American Lung Assn. Colleen K. Richman, Manager, Smoking or Health	ALA offers a guide, "On the Air: A Guide to Creating a Smoke-Free Workplace", concerning smoke-free workplaces (sample enclosed). ALA will help distribute final research results.	16

2026126472

ENVIRONMENTAL TOBACCO SMOKE: A GUIDE TO WORKPLACE SMOKING POLICIES
COMMENT SUMMARY

Comment #	Commenter	Summary	Issue #
034	Laura Elsa Sabath	EPA must not weaken any of its statements in the document and should consider the enclosed suggestions concerning the definition of ETS, health effects of ETS and recommendations to reduce exposure. Exposure to ETS outdoors should also be addressed (buffer zone outside buildings). Guide misleading about sidestream and mainstream smoke. Need to clarify how much of a problem ETS really is. Referring to page 22 of Guide, (where it is stated that, "... a smoking prohibition may be inconvenient to those smokers"), one person's inconvenience should be compared to another person's health; this comparison would put the issue in proper perspective.	5d, 7, 9, 9b, 11, 16
035	MN Dept. of Health- Sister Mary Madonna Ashton, Commissioner of Health	Classification of ETS as Group A carcinogen is appropriate. Commentors have been concerned about effects of ETS on the general population. Document will be useful in efforts to strengthen current laws on ETS, especially in industrial workplaces.	10, 12
036	Washington Business Group on Health Willis Goldbeck, President	EPA should take steps to eliminate all smoking-related health hazards from worksites. Document should address secondary effects of ETS, which could also have a significant effect on business costs (i.e. increase in the number of colds and flu, leading to increase in absenteeism). Smoking has also been linked to osteoporosis, which could lead to higher disability costs for companies. Smoking rates within certain populations remain high, especially in certain industries. Other workplace smoking policies (as outlined in the comment), and the importance of employer support, given the effect of these issues on cost savings, need to be addressed. Legal issues related to smoking prohibition also need to be considered. Employee should have choice of cessation program in order to keep morale high. Smoking cessation classes should be offered to spouses and dependents of employees due to high costs of their health care costs; this would also help employees stay smoke-free.	12, 13a, 14
037	MI Dept. of Public Health- Raj M. Weiner, State Health Director	EPA must not weaken its recommendations for reducing ETS (i.e. continue to emphasize a ban on indoor smoking and separately ventilated rooms as the only real options to reduce ETS). Document lays background information needed to justify restrictions and offers practical and concrete suggestions for implementing policies.	5a, 11a
038	S.L.C. Communications- Sharon Lynn Campbell, M.A., Certified Safety Professional	Americans with Disabilities Act needs to be addressed. Disabled workers that are more susceptible to health damage from ETS need more protection than most workers. Permitting ETS will present physical barrier to people with disabilities, thus creating discrimination issues. Also, document should refer to smokers as "tobacco addicts". This term reveals fallacies of "smoker's rights."	12a, 16
039	American Medical Assn.- Thomas P. Houston, M.D., Director, Dept. of Preventive Medicine	Guide reviews ETS problem for nontechnical audience and explains health policy and regulations currently in place. EPA should issue stronger policy statements concerning ETS (i.e. tougher standards for airlines, private industry and public schools). Need high profile support for tougher regulations in private industry.	13

2026126473

**ENVIRONMENTAL TOBACCO SMOKE: A GUIDE TO WORKPLACE SMOKING POLICIES
COMMENT SUMMARY**

Comment #	Commenter	Summary	Issue #
041	MN Democrat Republican Independent Voter Education (DRIVE)- Wes Lane, MN Teamster Drive	Risk Assessment is based on ETS effects at home, not the workplace, and thus does not apply to workplace policy guide. EPA should study indoor pollutants which are known to be harmful and focus on improving ventilation systems.	3, 8, 10, 11a
042	NJ Dept. of Health- Frances J. Dunston, M.D., State Commissioner of Health	Concur strongly with section on "Key Points." Chapter 5 should clearly state that smokefree buildings and separately ventilated rooms are the only effective strategies to reduce ETS. Case studies are very helpful, especially to organizations, but should include examples of failures as well as successes. EPA should address ETS in homes, apartments, dorms, hotels, etc. EPA's designation of ETS as Class A carcinogen will be significant factor in future policy development.	5a, 5b, 10, 11a, 13, 16
043	Katie Carothers	Government should focus on "real" problems (i.e. nuclear waste, polluted waters, automobile emissions) and leave ETS alone. Individuals can handle smoking issue, but could use government's help with other, more important issues.	2
044	Rosemary Silano	Against smoking prohibition in workplace. Effects of ETS not documented. Inadequate ventilation is at root of indoor air quality problems. Adults can make their own decisions regarding smoking.	2, 6, 11a
045	Fred Collier II	New England Journal of Medicine says no harm from cigarette smoke in the workplace. EPA should focus on outdoor air, a much greater pollutant. Should use current data rather than 3 year-old inconclusive statistics. Findings are inaccurate and biased.	2, 6, 8, 10
046	Jose F. Rodriguez & Associates- Jose F. Rodriguez	Approach of U.S. in its efforts to define smokers' and non-smokers' rights is a joke. Government in "land of the free" should not tell people where they can and can not smoke, especially if there is no scientific data to support regulations. Employees have right to smoke. EPA should use common sense and reasonable approach when setting forth guidelines.	2, 6
047	Nevada Smoker's Rights Assn.- Jose F. Rodriguez, President	There is no substantive scientific basis for these guidelines. Using vague terms like "maybe, suggests, possibly" is unacceptable. Smoking prohibition violates civil rights. Inadequate ventilation, not ETS, is at root of indoor air quality problem. Smoking regulations would effect the performance and morale of smoking workers. Left on their own accord, businesses can accommodate rights of both smokers and nonsmokers alike.	2, 6, 11a, 14
048	Dr. K. Uberla, Professor, University of Munich	There is no clear scientific evidence that passive smoking causes lung cancer. Document contains wish bias and lacks a critical attitude. Hirayama's study regarding lung cancer should be looked at again. Need more empirical evidence. Original data should be submitted for re-analysis.	1b, 8, 10
049	Molly Mateson	Public hearings regarding ETS should have been widely publicized to allow input from a variety of sources. Information that questions the significance of ETS should be allowed the opportunity for presentation. Declaring ETS a health hazard without sufficient data is irresponsible. Scientists should seek out all available facts. Many studies claim no risk from ETS exposure.	10, 16

2026126474

ENVIRONMENTAL TOBACCO SMOKE: A GUIDE TO WORKPLACE SMOKING POLICIES
COMMENT SUMMARY

Comment #	Commenter	Summary	Issue #
050	Michael Jacobs Sr.	ETS is not a problem in workplace. ETS became a problem due to local smoking ordinance; employee confrontations, decreased worker productivity, and overall refusal to comply resulted. Regulations are unnecessary and would violate one's freedom of choice. Many options available that would accommodate both smokers and nonsmokers such as designated smoking areas. Does not agree with unnecessary regulations.	2, 3, 6, 13a, 14
051	TX Dept. of Health- Ron Todd, Coordinator	ETS is public health hazard that requires immediate action. Report is long overdue. Failure to regulate ETS exposes thousands to unsafe working conditions. Smoking in public places is a matter of health, not courtesy.	1a, 2, 10
052	Stephen Handman	ETS is not harmful in the workplace as told by seven studies in the Surgeon General's Report, World Health Organization, and Centers for Disease Control. ETS has been proven harmless in the workplace many times.	10
053	The NFIB Foundation- David R. Jones, President	There is a lack of statistically significant data linking exposure to ETS with illness among non-smokers. Effects of ETS in the workplace not documented (see enclosed proceedings from McGill U. symposium on ETS effects). EPA should withhold policy recommendations until risk assessment is done and more research is conducted on workplace exposure. Quotes New England Journal of Medicine saying that ETS has no adverse affects in the workplace. EPA should not implement a program which would be destructive to businesses.	1a, 2, 10, 14
054	American Public Health Assn.- William H. McBeath, M.D., Executive Director	ETS is a Class A carcinogen, and based on this classification, non-smoking policies should be implemented at the local, state, and federal level. Must eliminate involuntary exposure to ETS at work. Must emphasize that total ban is most effective policy to reduce ETS. Smoking cessation programs should be offered to both employees and families. EPA should suggest a survey to decipher employee attitudes, beliefs, and smoking behaviors, and then recommend a follow-up survey some months later. Change document title to, "Environmental Tobacco Smoke: A Guide to Non-Smoking Policies" (it promotes a non-smoking norm). Chapter 3 (heart disease) is not very clear (inconsistent with similar section in "Key Points" section) and casts doubt on itself. Expand "Key Points" section and remove summaries at beginning of each section. Litigation and suits section too long for intended audience. Cut number of case studies in half and shorten them (maybe add a table that lists companies that have tried smoke-free policies). Table on page 25 should be moved to Chapter 7 (Developing Effective Smoking Policies). Regarding implementation responsibility, EPA should address who will be responsible for getting smoking regulations enacted and enforced. Expand resources section to include more references for employers and workers.	2, 5a, 9, 10, 11, 11a, 12, 13a, 16
055	Centercore of NJ- Michael G. Martin, CEO	Comments refer to Chapter 8. EPA should consider adding "INTRA-FLOW", a furniture-based air purification concept used to remove particulate and gases from the breathing zone. It provides secondary air movement in a building that is independent of the HVAC system. It removes stagnant air or dead air pockets and ensures complete air mixture.	11a, 11b

2026126475

ENVIRONMENTAL TOBACCO SMOKE: A GUIDE TO WORKPLACE SMOKING POLICIES
COMMENT SUMMARY

Comment #	Commenter	Summary	Issue #
056	The Tobacco Institute of New Zealand- Bruce Renshaw, Executive Officer	Scientific evidence does not support claim that ETS causes disease in non-smokers. Enclosed report critiques J. Reinken's, "Through the Smokescreen," which was submitted to the public comment docket on the EPA ETS Policy Guide. report rebuts Reinken's own critique of TINZ's original document "Environmental Tobacco Smoke - A Review of the Literature" and restates TINZ's claims that there is no statistically significant evidence of the adverse effects of ETS.	1c, 8, 10
057	Philip Morris- Thomas J. Borelli, Ph.D., Manager, Scientific Issues	Refers to Luis Varela's publication in "New England Journal of Medicine" which speaks about exposure in the workplace and social settings. Should apply these conclusions to the Guide. Exposure to workplace or spousal smoking, or accumulated life-time exposure not significantly associated with lung cancer; thus, no evidence of adverse effects of ETS exposure. Enclosed report shows that recent evidence linking childhood ETS exposure to lung cancer in adulthood is merely speculative. Addresses exposure in the workplace and social settings. Several reports and papers enclosed which address passive smoking and cancer (most refer to women).	2, 8, 9a, 10
058	Theodor D. Sterling and Associates, LTD.- Elia M. Sterling, Director of Building Research	Guide contains inaccuracies resulting from: 1) misquoting of cited references; 2) selective use of reviewed data; 3) lack of consideration of confounding factors. Intentional omission of references and data that don't agree with premise of Guide. Guide should not be based on Risk Assessment as Risk Assessment is still subject to scientific review by SAB. Guide confuses Sick Building Syndrome with ETS. Inadequate ventilation is at root of indoor air quality problems. Guide shows lack of understanding about mechanical systems in buildings and current ventilation standards (i.e. ASHRAE Ventilation Standard 62-1989). Guide fails to fulfill its objectives because is misleading to non-technical audience and does not provide useful guidelines for implementing smoking policies. Attached documents include, "User's Guide for the Development and Implementation of Workplace Smoking Policy" and, "Survey of Canadian Organizations Which Have Implemented Smoking Policies" (both part of research conducted in 1987 for Labour Canada, a department of Canadian Federal Government).	1a, 3, 5a, 8, 10, 11a, 13, 13a, 13b, 13c, 14
059	German Research Council on Smoking and Health- Dr. F. Adlkofer	Comments address Risk Assessment. No statistically significant evidence of adverse effects of passive smoking. Epidemiological studies referenced by Risk Assessment fail to demonstrate any genotoxic effects of passive smoking. Enclosed report entitled, "Importance of Exposure to Gaseous and Particulate Phase Components of Tobacco Smoke in Active and Passive Smokers" provides data to support this claim.	8, 10
060	Jo Ann Hartmangruber	No conclusive evidence that smoking causes cancer in active OR passive smokers. Enclosed letter to CA Senator Pete Wilson reiterates this claim. Attempt to prohibit smoking is moral mission wrapped in scientific words. Ban on indoor smoking would violate rights of property owners.	2, 8, 10

2026129476

**ENVIRONMENTAL TOBACCO SMOKE: A GUIDE TO WORKPLACE SMOKING POLICIES
COMMENT SUMMARY**

Comment #	Commenter	Summary	Issue #
061	Dept. of Health and Human Services, Center for Disease Control- Ronald M. Davis, M.D., Director	Comments address Risk Assessment. Agree with conclusions in Executive Summary and use of sound analytic approach to synthesize the vast literature of health effects of passive smoking. Presentation of bias needs clarification. Review assumptions about cotinine concentrations. EPA should consider specific revisions as outlined in this comment.	10, 16
062	Lena B. Heckman	EPA is acting irrationally drafting a document based on unaccepted results outlined in the Risk Assessment. No significant evidence of adverse effects of ETS. EPA has no right to regulate smoking policies of businesses. EPA should attack construction agencies that design inadequate ventilation systems.	2, 10, 11a
063	Donald Heckman	EPA has no right to regulate the smoking policies of businesses. No significant evidence of adverse effects of ETS. NIOSH reports that inadequate ventilation causes most indoor air quality problems, with ETS responsible for only 2% of building complaints. Building contractors are the ones to blame. Employees and employers should work together to set smoking policies.	2, 3, 11a, 13
064	Calvin Kuhns	EPA has no right to regulate the smoking policies of businesses. No significant evidence of adverse effects of ETS. NIOSH reports that inadequate ventilation causes most indoor air quality problems, with ETS responsible for only 2% of building complaints. Building contractors are the ones to blame.	2, 3, 11a
065	EndoEnvironment, Inc.- Donald Rosebrook, Ph.D.	Guide's claim that ETS is significant source of benzene cannot be justified based on data used in cited reference, "Wallace, et al". Wallace Study and TEAM Study yielded invalid results due to their methods of measurement.	8
066	Philip Witorsch, M.D., FACP, FCCP, G.W. University Medical Center, Consultant for Tobacco Institute	Guide is inaccurate and misleading with respect to its discussion of health effects and risks from ETS exposure. Scientific evidence does not support the Guide's conclusions. Technique of meta-analysis as applied to epidemiological studies of passive smoking effects yields invalid results. Introduction suggests inappropriate bias on part of Guide's authors. Guide does not accurately reflect conclusions of 1986 Surgeon General's Report or 1986 National Research Council Report. Chapter 1 contains inaccurate information concerning nature of ETS; actually less retention of sidestream smoke particles in lungs compared to mainstream smoke particles. Wells' paper lacks supporting data. Assertions regarding cardiovascular disease, susceptible individuals, adult respiratory disease, and cancer at sites other than lung lack supporting data. Guide is unbalanced and inappropriately advocacy.	1b, 7, 8, 9, 9b, 10, 16
067	Peterson Associates- Jack E. Peterson, P.E., Ph.D., consultant for Tobacco Institute	Comments address Chapter 5. Chapter 5 based on the unsupported conclusion that ETS in workplace must be completely eliminated to protect health. Risk from ETS exposure not established scientifically. Guide shows little understanding of effect of proper ventilation systems in reducing ETS levels. Much of information on ventilation inaccurate: Separate ventilation not required, as exhaust fan and ductwork are adequate; negative pressure not required; separate walled smoking and nonsmoking areas will not result in occupants breathing same air. Air cleaning systems do reduce gaseous pollutants effectively.	3, 5a, 11a, 11b

2026126422

ENVIRONMENTAL TOBACCO SMOKE: A GUIDE TO WORKPLACE SMOKING POLICIES
COMMENT SUMMARY

Comment #	Commenter	Summary	Issue #
		Discussion of time separation for smokers and nonsmokers lacks supporting data. Many pollutants other than ETS contribute to indoor air quality problems. Report is scientifically unwarranted and inaccurate.	
068	Robert D. Tollison, George Mason University, Center for Study of Public Choice	Comments address Chapter 8. EPA analysis of cost saving is flawed beyond repair. Assertion that smokers impose uncompensated costs on employers lacks persuasive evidence and ignores fact that employers and employees already have sufficient incentive to negotiate efficient employment relationship. Cost estimates for smoking contained in Report of Office of Smoking and Health are fallacious. Owners will internalize costs of smoking in workplace. In competitive economic system, market forces will lead owner to select policy that achieves desired effect at minimum cost. Thus, no need for additional government guidance with respect to workplace smoking policies. Allegations that smoking leads to higher property maintenance and repair costs, increased ventilation costs, increased absenteeism, higher insurance premiums, and decreased worker productivity are without foundation and ignore the contribution of other indoor air pollutants.	14
069	Mark J. Reasor, Ph.D., consultant for Tobacco Institute	Comments address Chapters 1 and 2. EPA relied entirely on other agencies' evaluations of the current literature and accepted those opinions without conducting its own critical evaluation. Chapter 1 provides scientifically inaccurate, misleading description of ETS. Guide inaccurately portrays ETS as equivalent to sidestream smoke. ETS more dynamic than SS and as a result of its constantly changing composition, little consistent information exists on its characteristics. Specific comments on Chapter 1 are organized by section. Chapter 2 does not adequately discuss limitations involved in assessing ETS exposure. Difficult to interpret data using substances cited in Guide as "appropriate" biomarkers for ETS. With regard to measuring ETS in air and body, lack of information on exposure and dose make it impossible to evaluate daily ETS exposure using EPA's Total Human Exposure approach. Specific comments on Chapter 2 organized by section.	6, 7
070	Healthy Buildings International, Inc.- Gray Robertson, President	ETS not a major contributor to particulate indoor air pollution. Total Human Exposure concept dictates that all pollutants to which human beings are exposed be prioritized properly. Poor ventilation systems are primary cause of indoor air quality problems. Chapters 1 and 2 contain faulty information regarding ETS. Much of Chapter 1 relates results of measurements of pure sidestream smoke, which bears very little relation to ETS as it occurs in most office settings. Studies discussed in Chapter 2 reflect serious shortcomings. Most of studies performed in residential, not office, settings and do not apply to Guide. HBI's own studies do not indicate RSP at levels described in Guide. Measurements selected for inclusion in Guide reflect bias on part of authors. Chapters 3 and 4 overstate risk from ETS exposure. Symptoms attributed to ETS exposure often caused by other substances which are not visible; ETS, because visible, gets blame. Chapter 13 provides misleading information on effectiveness (or ineffectiveness) of certain policies. Guide places no emphasis on ASHRAE 62-89 ventilation standard, compliance with which would ensure good indoor air quality. Designating separate walled or unwalled areas for smokers and nonsmokers (with shared ventilation system) can be adequate. No evidence that time separation of smokers and nonsmokers inadequate to reduce ETS concentrations. Section on "Examining Your Ventilation System" should be rewritten.	1b, 3, 7, 8, 9, 11a, 13

2026126478

ENVIRONMENTAL TOBACCO SMOKE: A GUIDE TO WORKPLACE SMOKING POLICIES
COMMENT SUMMARY

Comment #	Commenter	Summary	Issue #
		expanded, and given greater prominence, as it is key to reducing all forms of indoor air pollution.	
071	Philip Morris- Robert A. Pages, Ph.D., Manager, Science and Technology	EPA's claims concerning adverse effects of ETS exposure are unsupported by scientific data. Staff of Smoking Policy Institute have no specific credentials regarding scientific analysis of ETS exposure and are merely trying to use health arguments to justify anti-smoking restrictions. EPA should not establish policy regulations without resolving scientific issues. (Commercial airline smoking restriction cited as instance where policy regulations preceded resolution of scientific issues.) Enclosed documents address specific aspects of EPA's Risk Assessment of ETS and include list of studies on ETS exposure that EPA failed to incorporate into Risk Assessment. These studies, for most part, minimize significance of ETS exposure. Appropriateness of meta-analysis to calculate an overall risk from ETS exposure questioned. Hirayama and Trichopoulos, et al. studies are criticized. Varela's dissertation cited as comprehensive study showing no relationship between ETS exposure and lung cancer. Results of this study should be included in Risk Assessment. Risk Assessment's discussion of childhood ETS exposure and lung cancer in adulthood not comprehensive. Recent scientific symposia on ETS has revealed that many scientists don't attribute significant degree of risk to ETS exposure. Confounding factors (diet, household heating and cooking sources, health and medical history, outdoor air pollution, organic substances, and demographic and socioeconomic factors) make scientific analysis of ETS exposure almost impossible.	1a, 1b, 2, 7, 8, 9, 9a, 10, 16
072	Alan Hedge, Ph.D., Cornell University, Dept. of Design and Environmental Analysis	Private study of indoor air quality in 18 buildings did not reveal significant levels of ETS particulates. Symptoms of Sick Building Syndrome often mistakenly attributed to ETS when actually caused by other factors. Chapter 5 should include wider variety of mitigation strategies. Specifically, air cleaning category should be separated into at least three sections: portable air cleaners; "smokesavers"; and furniture based systems. Also, strategy of either restricting smoking to enclosed offices or open-plan cubicle workstations should be included.	8, 9, 11, 11b
073	Theodor D. Sterling, Professor, Simon Fraser University	Guide based on health and exposure issues that are unresolved. EPA should host a workshop to fully explore these issues.	8, 9, 10, 11
074	Frances Blakeslee	EPA did not widely publicize fact that Guide was open for public discussion. EPA conducting very biased study of ETS effects. EPA should not make final decisions until gathering all facts and hearing all viewpoints.	1a
075	Holcomb Environmental Services, Larry Holcomb, Ph.D.	Comments specifically address Risk Assessment but also apply to Guide. Epidemiological studies on ETS exposure contain many weaknesses and cannot establish cause/effect relationship. Association between parental smoking and respiratory disorders in children could reflect various confounding factors (especially socioeconomic status.) Detailed discussion of specific studies enclosed. Many of these studies show no statistically significant evidence of adverse effects of ETS exposure. There are many sources of indoor air pollutants. Adequate ventilation and filtration would solve many indoor air quality problems.	3, 8, 9, 9a, 10

2026126479

ENVIRONMENTAL TOBACCO SMOKE: A GUIDE TO WORKPLACE SMOKING POLICIES
COMMENT SUMMARY

Comment #	Commenter	Summary	Issue #
076	National Energy Management Institute- Frank Powell Director of Engineering	EPA must consider other harmful pollutants, both indoors and outdoors; ETS should be addressed as part of larger problem, not as priority. Adequate ventilation would solve many indoor air quality problems. Guide is based on residential exposures and yet makes recommendations for the workplace. Information in Chapter 5 regarding ventilation is incorrect. Guide does not present recommendations for workplace smoking policies in balanced fashion. Guide contains obvious bias in favor of complete prohibition of smoking in workplace.	3, 8, 11, 11a
077	Dr. Leonard S. Levy, University of Birmingham	Guide based on residential exposures and thus policy recommendations may be irrelevant to the workplace. Risks from ETS questionable. Document geared toward white-collar audience in that it acknowledges offices, schools, and hospitals but ignores foundries, plants, shipyards, etc. Assertion on page 2 that nonsmokers were exposed to more ETS in 1985 than in 1955 has no empirical basis; it considers only the number of cigarettes smoked, and not the composition of cigarettes, which has changed and which has an effect on smoke output. Information presented on cost-savings lacks evidence and is very subjective. Nicotine cannot be called a poison in the context of tobacco smoke, because it occurs in such small quantities. Litigation case studies should be omitted because irrelevant to issue of ETS in workplace. Guide is unnecessarily long due to repetition and has "crusading" feel. Comment includes specific criteria that Guide should include, as well as editorial suggestions.	3, 7, 8, 10, 12, 14, 16
078	BIOASSAY- George B. Leslie	Comments address Risk Assessment. Foolish to attempt to focus on any one environmental pollutant to the exclusion of others. EPA should focus on risks that are more serious than those posed by ETS exposure. Design and quality of studies incorporated into meta-analysis never considered. Thus, firm conclusions about risk of lung cancer from ETS exposure are not valid.	3, 8, 10,
079	Trent R. Lewis, Ph.D.	ETS is not major contributor to indoor air quality problems. Inadequate ventilation is main problem. No significant evidence of adverse effects of ETS exposure; therefore, it is premature to issue broad policy recommendations. Guide fails to present balanced assessment of smoking policies or range of options. Much of Chapter 1's information on chemicals in ETS is inaccurate. Chemicals in ETS don't stay in body any longer than identical substances drawn directly from mainstream smoke, and many of the supposedly "toxic" substances are only toxic after exceeding a threshold dose. Information in Chapter 2 is misleading: 90% of time "indoors" doesn't mean "at the workplace"; dose, not extent of exposure, is only germane consideration from toxicologic perspective; and benzene is not hazardous at minuscule levels found in ETS. Chapter on case studies creates illusion that ETS is only source of indoor air quality problems and ignores fact that industrial settings present indoor air quality problems that are often more severe than those found in office settings.	3, 7, 8, 10, 11a, 13

2026126480

ENVIRONMENTAL TOBACCO SMOKE: A GUIDE TO WORKPLACE SMOKING POLICIES
COMMENT SUMMARY

Comment #	Commenter	Summary	Issue #
080	Guy Crepat, University of Burgundy, Professor of Biochemistry and Physiology, Head of Applied Biology Department	Guide is based on poorly designed and conducted epidemiological studies. No scientific evidence to assume cancer risk from passive smoking linearly related to cotinine concentration. Potential factors other than ETS must be considered with respect to lung cancer incidence, i.e: Heredity; environmental risks such as radon, asbestos, heavy metals, industrial and domestic smoke; various occupational exposures such as nitrosamines, polycyclic aromatic hydrocarbons and cadmium; and diet. Enclosed report by Professor A. Viala entitled, "Comments on the Possible Relation Between Passive Smoking and Lung Cancer," summarizes parameters that must be taken into account to conduct better studies.	8
081	Robert T. Johnson, Missouri Senate	ETS regulations in workplace will unfairly burden small and medium-sized businesses which cannot afford the loss in worker productivity and morale that will result.	2, 14a
082	Jimmy Naifeh, TN House of Representatives	Workplace smoking is a private matter and should not be subject to governmental regulations. Employers, in conjunction with employees, should retain right to determine workplace smoking policies.	2, 13a
083	GA Dept. of Agriculture, Tommy Irvin	Guide gives no consideration to clients or customers entering a place of business who may choose to smoke. Lack of emphasis on providing accommodations for both smokers and nonsmokers in the workplace. Guide based on research gathered from residential environments, not the workplace. Many potential sources of indoor air pollution other than ETS (i.e. carpets, drapes, glue, office equipment, cleaning solvents, paints, work chemicals, etc.). Proper ventilation solves entire issue of indoor air pollution and removes the blame from smokers.	3, 8, 11a, 13a
084	Ester Schiller	Guide lacks information about people with severe asthma who are extremely susceptible to injury from ETS exposure. Enclosed article concerns allergies that are often overlooked. Other enclosed document addresses legal aspects of smoking in the workplace and cites specific lawsuits that have supported the rights of nonsmokers.	9, 9b, 12
085	Martin Rutsch	Comments address Risk Assessment. Epidemiological evidence referenced in Guide contains some weak spots. Specifically, data collection defects such as obscurity of the sampling population, sampling bias, misclassification of individuals and illnesses, and the presence of confounding factors make it difficult to draw any definitive conclusions regarding an association between ETS and lung cancer. Meta-analysis of several studies does not increase the validity of the data and is subject to publication bias and selection bias on part of person who selects studies for meta-analysis.	8
086	American Lung Assn./ American Thoracic Society	Guide doesn't place sufficient emphasis on the importance of total elimination of ETS exposure in the workplace. Remove phrase, "wherever possible", when recommending prohibition. Option to restrict smoking to designated areas within a shared ventilation system should be strongly discouraged as permanent solution; restricting smoking to designated areas is only temporary solution. Specific revisions organized by chapter are included.	5a, 7, 8, 11a, 12, 13, 13a, 13d

2026126481